



Please type a plus sign inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|-----------------------------|-------------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/665,203 | |
| | Filing Date | 09/18/03 | |
| | First Named Inventor | Rong WEN | |
| | Group Art Unit | N/A | |
| | Examiner Name | N/A | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 559092000100 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Request to Withdraw as Attorneys of Record (in triplicate) Postcard |
| Remarks | | Customer No. 25225 |
| | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual Name | James Mullen, III Reg. No. 44,957 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, CA 92130-2332 |
| Signature | |
| Date | January 13, 2004 |

| | |
|--|----------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: 1/13/04 | Signature: (Matt Russell) |



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|-------------------------------|--------------|
| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT | Application Number | 10/665,203 |
| | Filing Date | 09/18/03 |
| | First Named Inventor | Rong WEN |
| | Group Art Unit | N/A |
| | Examiner Name | N/A |
| | Attorney Docket Number | 559092000100 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313

I hereby apply to withdraw as attorney or agent for the above identified application.

This request to withdraw is being made at the request of the applicant.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number →
Customer Number

OR

☒ Firm or Individual Name Ned Israelsen
Knobbe Martens Olsen & Bear LLP

Address 550 West C Street, Suite 1200

| | | | | | |
|---------|---------------|-----------|--------------|-----|--------------|
| City | San Diego | State | California | Zip | 92101 |
| Country | United States | Telephone | 619-235-8550 | Fax | 619-235-0176 |

- ☒ This request is made on behalf of myself and
☐ all attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 25225

This request is enclosed in triplicate.

Name James Mullen III - Reg. No. 44,957

Signature

Date January 13, 2004

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below.

Dated: 1/13/04 Signature: (Matt Russell)

SD-179269